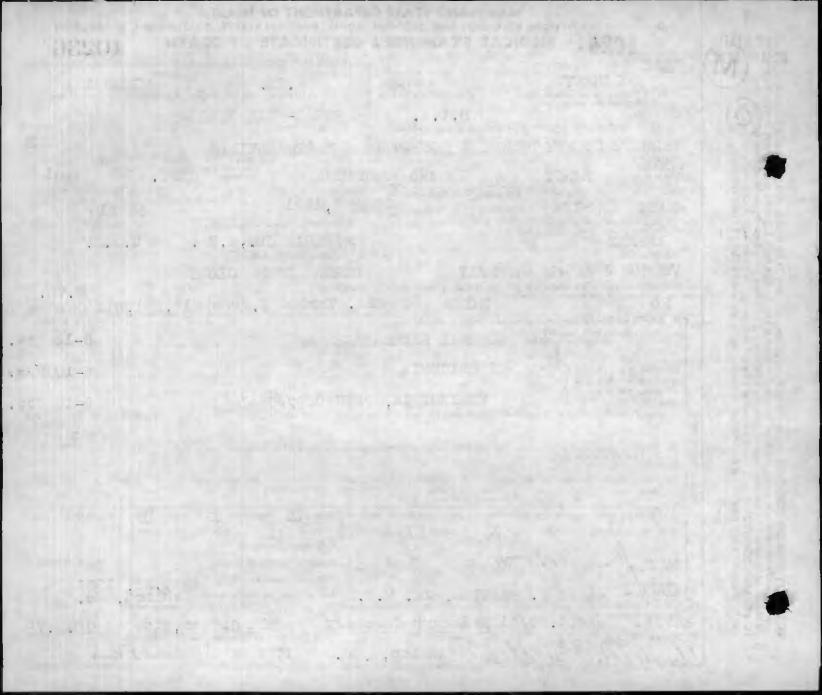
FOR STATE. HEALTH DEDT. delay is necessary, coneral director. Page ained for your files. State Board of Health, TO I IV MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. A delay ple execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to increase 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained in IV TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

9VVLUVVXVV

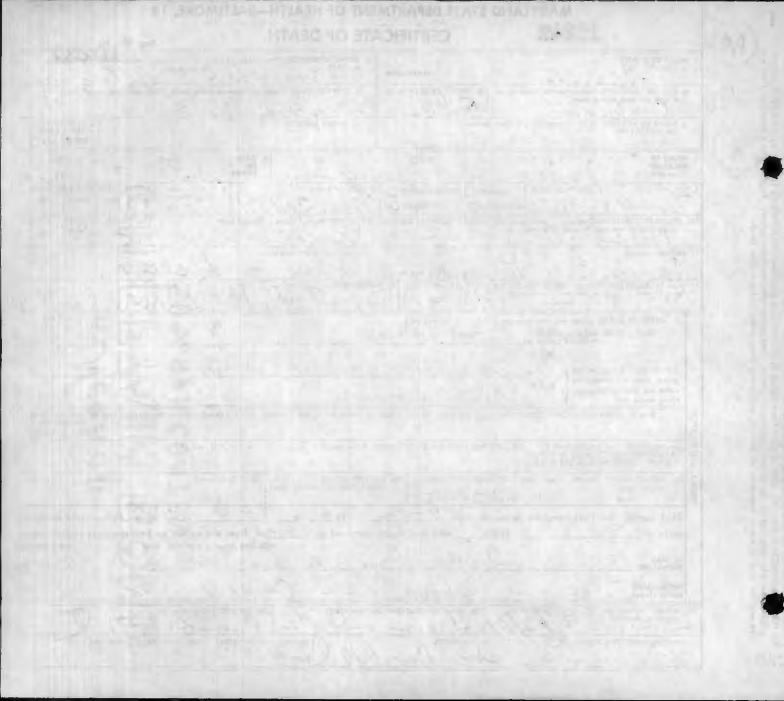
MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 10941 MEDICAL EXAMINER'S	EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	ARYLAND
PLACE OF DEATH	L a southern	0230
e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Resi e. STATE b. COUNTY	dence before edmission)
GARRETT MARYLAND	W.VA. MINE	RAT.
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end gi	
OAKLAND D. O. A.		X=V -
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	RURAL ELK GARDEN	1 - It projection
	G. STREET ADDRESS	ON A FARMS
GARRETT COUNTY MEMORIAL HOSPITAL	HARTMANSVILLE	YES NO
NAME OF First Middle DECEASED	OT	Sey Yeer
(Type or print) RANDY EDWARD AR	ONHALT DEATH SEPT. 28	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	. DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YE.	
	AY 7, 1961 lest birthdey Months Day	Hours Min.
	1 200 E 60	· -
done during most of working life, even if retired)		N OF WHAT COUNTRY?
INFANT	MINERAL CO., W.VA. U.S	.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	45
VERNON JACKSON ARONHALT	NORMA JEAN CLOSE	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	W.Va.
Yes, ng. or unkown] (Illyesgive wer or detes of service) NONE MI	es. Vernon J. Aronhalt, R#1,E1	Je of malan
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	of totalog & At Office of Mit 1 12	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) ADRENAL HEMORRE	HAGE	onset and death 5-10 Hrs
DUE TO		
Conditions, if any, which SEPTICEMIA		5-10 Hrs.
geve rise to immediate cause (e), stating the underlying DUE TO		
cause lest. MEMINGITIS. H	PNEUMOCO CCAL	5-10 Hng
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		19. WAS AUTOPSY
	The state of the s	PERFORMED?
		YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of Injury in Pert I or Pert II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour e.m. While Not While fector	pry, street, office bidg., etc.)	
21. I certify that I took charge of the remains described above, hel	d an Autonoy [V] Inspection [V] Inspection [V]	. 1 5
		nd in my opinion
death resulted from: Natural causes X, Accident Suicident		
1 1/2 /	CHIEF MEDICAL EXAMINER	
SIGNATURE IN Tenter A. L.	OM.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEDUTY MEDICAL SYAMINED TER	1003
	TODEL AGO.	1961
20. SURTAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country)	Md. (Stote)
Burial Sept. 29/61 Kalbaugh Ceme		OO W TE
3. FONERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGN	
Imul M. Shaphlessy Bla ine, W		
AMICA I I SUFUCIALIZACIÓN DE	DAIL 2. 700	



MARYLAND	STATE DEPARTMENT OF HEALTH—BA	TIMORE, 18
10242		IMK
104.24	CERTIFICATE OF DEATH	Pen Dist No

		22000
1. PLACE OF DEATH o. COUNTY ARTHUR MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MANNIAL COUNTY	Clean
b. CITY OR TOWN (If outside carporate limits, write RURAL and give rearest town)	c. CITY OR TOWN THE purishe corporate limits, write RURAL and g	ive netical town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Oak Rest Nursing Home	d. STREET ACDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	nfamin DEATH SLEST.	Doy Year
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1.		1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIES OF I	11. BIRTHPLACE (State or fareign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME E. W. Benjamin	mary & Kelby	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AUSECURITY NO. 17. II	ober D. Benjamin	Camb Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	· 2	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) LEREBELLY	VASIVIAN Accident	2 6000
gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO ARTER 1030	Enous GENERALIES	40+13
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO X
200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Port 11 af item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 19 At work 19 at work 19 at work 19	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (C ctory, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from 7-12	, 1961, to 9 - 9 , 1961, that I I accurred at 11:30 A M, from the causes and on the	ast saw the deceased
ACTUAL SIGNATURE CL. Jenter	ADDRESS (Street, city ar town, stote) M.D. 5-8 2-d 54.	DATE SIGNED
PHYSICIAN'S JALZS H. FEASTER C.	a m.D DAKLAND TITE	
270, BURIAL, CREMATION, 276. DATE THEREOF 22c. HAME OF CEMETERY OF SEMOVAL (Specify)	R CREMATORY (22d. LOCATION (City, town, or county)	n Quate)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Am D 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	

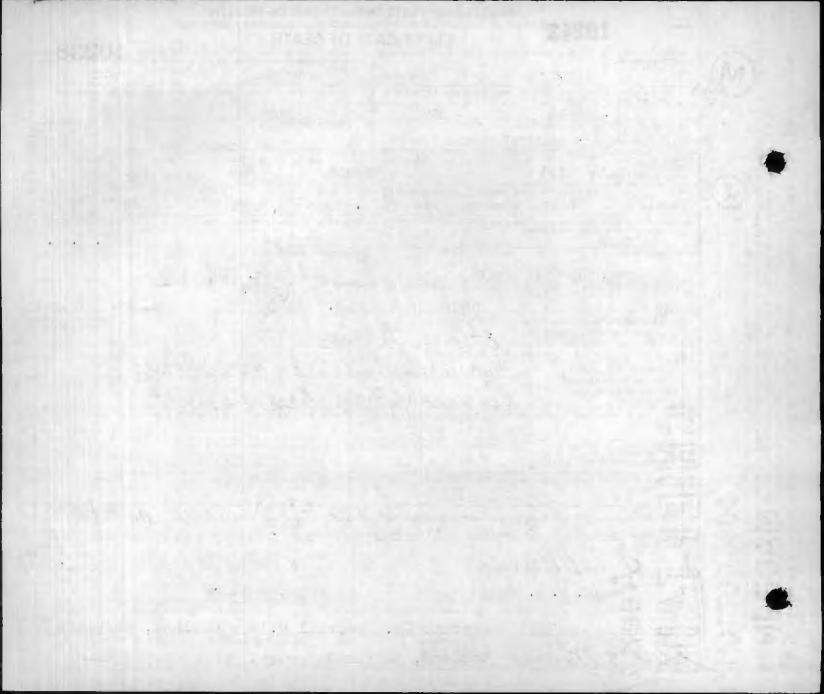
VS A15 (4) 15M 9/55



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10243 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	arrett		MARY	- 11		DENCE (Wh		d lived. If institution b. COUNTY			odmissian)
b. CITY OR TOWN (If RURAL and give nea	outside corporate limit	s, write	c. LENGTH OF STAY		c. CITY OR	E/.	utside corpo	rote limits, write R			esi lawn)
d. NAME OF HOSPITA OR INSTITUTION Garrett Cou	L (If nat in haspital, gi	_	address)		d. STREET A	DDRESS	er Str	eet		e	IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print) Ball	ov Girl	t	Middle	Boy	man los	it	4. DATE OF DEATH	Mon		Doy 2	Yeor 19 63
	· ·	7. MARR	IED NEVER MARRIE	D 🛣 B. C	eptemb		1961	9. AGE (In years lost birthday) yrs.			IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during most of warking Newborn 13. FATHER'S NAME		ane 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPL	ACE (Slote	or foreign co	ountry)	12. CITI		S. A.
5. WAS DECEASED EVER (Yes. no. or unknown) (If	Clarence IN U. S. ARMED FORCE Iyes, give wer or dates of se	ES? 16.	SOCIAL SECURITY NO.		RMANT Gr	andmo	ther	ncy Jean	ress	Ma	and on d
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO y, which)	Va	none per for (a), (b), and (c). If y dro I feut di		s N. B	ten		is (le	kland	INTER	RVAL BETWEEN
lying couse lost.	R SIGNIFICANT COND		USELLE TO DEA						EN IN PAR		WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m.		r 20d, IN While of worl	Not while	20s. PLACE factor	OF INJURY (y, street, affice	Hame, farm, bldg., etc.	20f. (City	ar tawn)	(4	Caunty)	(State
21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	57	14)	0		ATTENDIN PHYS. 22d. ADDR	G ME DII		the causes an	d an the	dote	stated abave
230. BURIAL, CREMATION REMOVAL (Specify) Burial 24. EUNERAL DIRECTOR'S	9/3/61		ADDRESS		emoria		S BY REGIST			GNATUR	E
2070191X	V5										



VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10244

1	0239
	The state of the state of

	ACE OF DEATH COUNTY GA	RRETT	- 2	MARYLA		O. STATE MARY I		d lived, If instit b. COUN		nce befo	re admissi	ion)	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	OAKI			4 YEARS		CUMBER	LAND						
d.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WEEKS NURSING HOME					d. STREET ADDRESS BEDFORD	STREE	un Ó	10	3-		FARM?	
2 N	AME OF	First		Middle			4. DATE		4 11				
DI	rpe or print)	ANNA		TANE.	1	Lost POTJE	OF DEATH	SEPT.	Aonth ス(Do	, ,	Yeor 19 61	
5. SE.	X	Strange of Strange	7. MARE	RIED NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In year	IF UNDE		IF UNDE	ER 24 HRS.	
	FEMALE	1.HTTME	WIDOWI	v		JG.14,1875		last hirthday	Months	Days	Hours	Mîn.	
10o. I	ISUAL OCCUPATIO	N (Give kind of work do	ne 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI	TIZEN O	WHATC	OUNTRY?	
	OUSEWIFE	ng me, even n remed,		OWN HOME		NEW YO	RK		Ţ	JSA			
13. F/	THER'S NAME				14	. MOTHER'S MAIDEN	NAME						
	ISSAC	PLATSCHAR	r			ANN VAN	LARA						
		IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17, INFOR	MANT		A	ddress				
{Tes, r	NO [1	I yes, give war or dates of sen	vice)	NONE	MRS.	RICHARD J	. WILL	IAMS C	CUMBERI	AND	, MD.		
1		H WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	se per li	ne for (a), (b), and (c).] Lene be no Creneval	420	7 kmoun	enver	i deno	70 45	ON:	ERVAL BE	TWEEN FEATH	
	gave rise to in couse (a), stating t	mediate					9.0						
	lying cause lost.	(c)											
CERTIFICATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO DEATI	H BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(0) 1	PERFO YES [RMED?	
		S UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Por	t II of item 1B.)					
MEDICAL	Oc. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year	20d. I While of wor	Not while		OF INJURY (Home, farm, street, office bldg., etc.		or town)		(County)		(State)	
	i. I certify that	2 7	Se	ded the deceased fr		1AP 19 h accurred at 61	M, fram	Seloy.	, 19_ ⁴		111	we) last l abave.	
	20. SIGNATURE	Granth	40		M.D.		ED.	STAFF PHYS.			221	b. DATE SIGNED	
	NAME (Type)	B. L. GRAN	T, M	I. D.		22d. ADDRESŠ OAK	LAND,	MARYLAN	VID.				
23a.	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF		23c. NAME OF CEMETI	ERY OR CE	EMATORY		TION (City, tow			(Stot	e)	
	BURTAL	OCT. 3, 19	61	EAST WILLIA	MSON	CEMETERY	-	WILLIAM		N. Y			
24, FI	JNERAL DIRECTOR'S BYRON I		OTT	ADDRESS MBERLAND, M	0	2So. REC	BY- REGIST	RAR 25b. RE	EGISTRAR'S S				

AND THE WAR THE PRINCE in a service of the control of 180,5% (9) NO. 100,100 STATE OF THE second of th

FOR STATE TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a find large is necessary, please execute the certificate, writing the word "pending" in pencil in flem 18. Give Pages 1, 2, and 3 to the first drait director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 14nd 2 with the State &pard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10010

	1. PLACE OF DEATH a. COUNTY Garrett MARYLA	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Penna. b. COUNTY Allegheny
1	b. CITY OR TOWN (if outside corporete timits, write RURAL and give nearest town) Rural Oakland days	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
	3. NAME OF First Middle DECEASED (Type or print) Marvon I	CROUCH DEATH Sept. 24 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White widowed DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Hour
)	10%. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	DUSTRY II. BIRTHPLACE (State or foreign country) Pittsburgh, Pa. 12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME Herbert B. Ellison	14. MOTHER'S MAIDEN NAME Edna L. Humphrey
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Gus Ellison Johnson, 934 Pine St.,
	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CAUSE (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CAUSE (c)	US 101 Sudden UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
-	FRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RED. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour e.m. While Not While at work at work at work	e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., atc.) (City or town) (County) (State)
	21. I certify that took charge of the remains described above death resulted from: Natural causes . Accident .	e, held an Autopsy . Inspection . Inquiry . and in my opinion Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
T	SIGNATURE HILLS H. Joslan.	ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
	NAME (Type) James H. Feaster, Jr. 1226. BURIAL, CREMATION. 222. DATE THEREOF 22c. NAME OF CEMETE PROVIDE (Specify) 9-28, 1961 Mt. Lebanon (Specify) 128, 1961	Cemetery, Mt. Lebanon Twp., Ally. Co. Pa.
	23. FUNERAL DIRECTOR ADDRESS Leveld D. Minnich Oakland, M.	1246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Maryland Date SEP 2 9 '61 Oathur & Kraus

TOPES OF THE WAY MAY SET THE PROPERTY OF THE . . . Special VENEZULA SERVICE A COMPANION AND A COMPANION A ANE OF STREET

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) delay is necessary, ranged director. Page ained for your files. State Board of Health, a. COUNTY a. STATE **b.** COUNTY Garrett Maryland MARYLAND b. CITY OR TOWN (f outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) yrs. Gorman Gorman d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained to 3. NAME OF 4. DATE Middle Last Month DECEASED OF with the "in pencil in fem 18. Give Pages 1, 2, and 3 to to Office along with form PM3. Page 5 may be reburial-transit permit. File pages 1 and 2 with the moval, and in any event within 72 hours effect. (Type or print) DEATH Jacob Dilgard September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In years | IF UNDER 1 YEAR I B. DATE OF BIRTH last birthday) 82 yrs. WIDOWED T 1879 √ale DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if ratired) Sawmill Operator Lumber Stuttgart. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chris Dilgard Magdlen Elig IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Oakland. no Miss Ann Dilgard none 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured spleen DUE TO removal, Conditions, if any, which the word "pending." Medical Examiner's C "pending" gava risa to immediata cause DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Park for Part II) of Jeen 18.) 20a, EXTERNAL CAUSE WAS ecule the certificate, writing the lid be forwarded to the Chief Med NERAL DIRECTOR: Page 3 shoulds: grant of burlal, or PRIMARY M or CONTRIBUTING D 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 17 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection v Inquiry | death resulted from: Accident Tr Natural causes 7Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 228. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p Pope Burial Cemeterv Garrett 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Osthur & Kraus Oakland. Maryland DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Garrett

Months

e. IS RESIDENCE ON A FARM?

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

(Stata)

Maryland

12. CITIZEN OF WHAT COUNTRY?

Germany

Maryland

IF UNDER 24 HRS.



James F. Scarpelli, Cumberland, Md.

		10247	CERTIFICA	TIE OF DEA	H		10243
۲.	PLACE OF DEATH		MARYLAND	2 USUAL RESIDENCE	(Where deceased in	red If institution: Re	sidence before admission)
		arrett			yland	A1	legany
	RURAL and give ne	f outside corporate limits, wr arest town)				limits, write RURAL	ond give nearest town)
_	Oakland		3 Wks.		perland		
	OR INSTITUTION	AL (If not in hospital, give st		d. STREET ADDRES			e, IS RESIDENCE ON A FARM? YES NO 177
L		Nursing Ho	omė	1 8 Pa	ennsylva	nia Ave	I IES [] NO DO
3.	NAME OF DECEASED (Type of print)	Jack First	Middle	Graziani	4. DATE OF DEATH	Month	Doy Year
-		1		1	1	4 5 5 W	15 19 61
5	SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (in years IF U) lost birthday) Mon	ths Days Hours Min.
_	Male		DOWED TO DIVORCED		13	67 yrs.	
10	 JSUAL OCCUPATION duping most of work 	ON (Give kind of work done ing life even if retired)	106 KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (S	stole or foreign count	(12 (12	CITIZEN OF WHAT COUNTRY?
L	Miner Re	etired	Mining-Coal	Rome,	Italy		U.S.A.
13	FATHER'S NAME			14 MOTHER'S MAID	EN NAME		
	Antonio	Graziani		Maria	DeCarol	is	
	WAS DECEASED EVER	R IN U. S. ARMED FORCES?		INFORMANT		Address	
ľ	ves	WW 1		ecords, Nu	arsing Ho	ome	
	18. CAUSE OF DEA	TH [Enter only one couse p	per line for (a), (b), and (c)]		(3)	-	A INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY	Matail	15	MACINA	ma Flill	ONSET AND DEATH
	16'	IMMEDIATE CAUSE (o)	The act of	1	2	- Land	or the sol
1	17	DUE TO	10.		14	//	91 6
	Conditions, if or gave rise to in		Carcinom	a of	Colon		manew
1	couse (o), stoting t						
	lying couse lost	(c)					
NO	PART II OTH	ER SIGNIFICANT CONDITIO	ONS <u>CONTRIBUTING TO DEATH</u> BE	IT NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN IN	PART I(o) 19 WAS AUTOPSY PERFORMED?
5							YES NO
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injur	y in Part I or Part II	of item 18)	
₹	20c TIME OF INJUR	Y Month, Day, Year 2		PLACE OF INJURY (Home,		town)	(County) (State)
9	Hour om		While Not while	factory, street, office bldg.	, etc.)		
~				Au - 24	10/1/1	Goot 15	19 £, that (I) (we) last
			tended the deceased from				the date stated above.
	sow the deceos	ed olive on A.S.P.	Ly_L , and that	deoth occurred org	M, from the	e couses and on	the date stored above.
		+ 1/6/	6/10	ATTENDING	MED.	STAFF	SIGNED
L	22c PHYSICIAN'S	H. fee	gellor	M D PHYS 22d. ADDRESS	DIRECTOR .	PHYS.	16 Jepic
П	NAME (Type)	Hombout W I	Inighton M D		Stroot O	okland Me	bro Irre
	<u></u>		Leighton, M.D.			akland, Ma	
23	BURIAL, CREMATIO REMOVAL (Specify)		23c NAME OF CEMETERY		23d. LOCATIO	N (City, town, or cou	
	Burial	9/18/61		Cemetery	Brown		<u>Pennsylvania</u>
24	, FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRA	R 25b REGISTRAR	2 (-)
	James F.	Scarpelli.	, Cumberland,	Md . DATE	SEP 1 9 '61	Listhu	1 S. Thomas

y the funeral director, and 2 should be filed with Then please remave carbon papers. Pages 1 may by Lined by the haspital or attending physician.

D FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs ofter death. TO HOSPITAL TO FUNE

1, 1

mylines that the death certificate be mecuted within 24 liaurs ofter death Page 4

VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law



TO HOSPITAL OR ATTINDING INVSICIAN: The law requires that the death mertificate be executed within 24 hours after death. Page 4 may be lined by the haspital or altending physician. TO FUN. DIRECTOR: After this certificate has been signed by the attending physician and campletely fills to the funeral director. Pages 1 and 2 should be filed with may be fined by the haspital or attending physician. D FUNI — DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10248

CERTIFICATE OF DEATH

Reg. D1:0244

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)								
	(MARYLAND MARYLAND	o. STATE 1) 5. COUNTY C. ARRETT								
	I	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	¿c. CITY OK TOWN (If outside corporate limits, write RURAL and give nearest tawn)								
		RURAL and give nearest tawn) CRANTSUILLE	X (ORANTSOILLE								
		d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE								
14	6	RODWILL MEDNONITE HOME	ON A FARM? YES \(NO-NO-NO-NO-NO-NO-NO-NO-NO-NO-NO-NO-NO-N								
)	3. 1	NAME OF First Middle	Last 4. DATE Month Day Year								
		(Type or print) AEW 15	RLOTZ DEATH SLPT 22 1961								
	5 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 24 HRS If								
		MIDOWED . DIVORCED .	HOR. 30, 1817 84 415.								
	10a	USUAL OCCUPATION (Give kind of work done during papers of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)								
		KETIKED CARPENTER	HOCIDENT CHRETTGILLS (1.0.14								
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
		CHRISTIAN / LOTZ	MARY MOPE								
	15. Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	NFORMANT LA Address 01 40								
			Genel Noty Grantswille Mix								
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Could from the	on edema, Mystardial Jackuse.								
	DUE TO Cerebial throphoses										
		Conditions, if any, which) (b) Arteriosales	otic Kent Jesease and								
		gove rise to immediate cause (a), stating the under DUE TO Clero 1	renolman 1								
		lying cause last. (c)	an exercise								
	NO.	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
	ICAI		YES NO								
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING □ 120b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port) or Port II of item 18)								
	CAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)								
	MEDICAL	Haur a.m. While Natwhile to	ctary, street, affice bldg., etc.)								
	^	Dat	1960 to Jeb 22 1961 that I last saw the deceased								
		21. I certify that I attended the deceased fram.									
a l		alive on 22, 196, and that death	n occurred at 1025 P.M., from the causes and an the date stated abave. ADDRESS (Street, city ac town, state) DATE/SIGNED								
		SIGNATURE SECRAL TO EN SUL	209 North St 9/25/1								
M		SIGNATURE TO THE SWAD	M.D								
1		PHYSICIAN'S Leonard h. Rock MD	Meyersdale la								
	22a	BURIAL, CREMAT ON. 226 DATE, THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, on county) (State)								
		BURIAL 9/25/6/ ST PALL	ACCIDENT GRRETTCO MA								
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
		con thuman dear buille	Mac DATE 28'61 Cithan S. Thank								



FOR STATE REALTH ODE IV MEDICAL EXAMINER: This cert ficate should be executed within 24 hours after death. If a clay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the care and director. Page 4 should be a considered by the control of TO DE

> VS. A1S/ 5M 9/6

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10245

DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence butter admission) 5. COUNTY 6. COUNTY
n 1	Garrett MARYLAND Waryland Garrett
IVI/	b. CITY OR TOWN (foulside corporate limits, c. LENGTH OF STAY IN 1b) c. CITY OR TOWN (If oulside corporate limits, write RURAL and give represt town)
	write RURAL and give necrest town) Mt. Lake Park, 77 yrs. X Mt. Lake Park,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address) d. STREET ADDRESS o. 15 RES DENCE
K	at home in Loch Lynn Loch Lynn YES NO E
tr Tr	J. NAME OF First Middle Last 4. DATE Month Day Year
β .	OF DECEASED (Type or print) Melvin Ellis Lee DEATH September 24, 1961
i je	5. SEX , 6. COLOR OR RACE T MADDIENT NEVED MADDIENT 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 ARS.
512	Male White WIDOWED DIVORCED Jan. 30, 1884 77 yrs. Months Deys Hours Min.
Ē	10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Steep or foreign country) 12. C.TIZEN OF WHAT COUNTRY?
4)	done during most of working lite, even if retired)
達力	Retired Clerk Feed Store Maryland. U.S.A.
3	
ent.	Andrew J. Lee Christina Lower
6	(Yes, no, or unkown) (Ifyesgivewerordetexofservice)
BINY	no 218-09-9428 WIFE - Mrs. M. E. Lee Mt. Lake Park, 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).
.5	PART I. DEATH WAS CAUSED BY:
916	420.1 PUE TO Sudden -
, a v	Antoniogal anotic Condinuage landings of many
O L	geve rise to immediate cause
2 2	[e], stelling the underlying DUE TO
2 2	THE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE TRUE AND DESCRIPTION OF THE PROPERTY O
cremation	PERFORMED? YES NO TO
ie	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of Item 18.)
<u>al, 6</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I PERFORMED? YES NO E PERFORMED? YES NO E O CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in, ury in Pert I or Pert II of Item 18.)
buri	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
£ 0 €	Hour e.m. While Not While fectory, street, office bldg., etc.)
prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
agent,	CHIEF MEDICAL EXAMINER
	ACTUAL DELLE IN SIGNED DATE SIGNED
nat	SIGNATURE - MD.
designated	examinater's James H. Feaster, Jr., M. D. Address (Street city town, or county)
. i	22e BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stole)
<u>გ</u>	Buria 1 9/27/1961 .Pleasant Valley Cemetery, near Mt. Lake Park, Md.
4)	23/ YUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
AE D	Asigtulon Oakland, Md. DATE OCT 2 '61 arily & Krane
1	



FOR STATE

ay is necessary,

TO DY I'V MEDICAL EXAMINER: This certifical shows be executed within 24 hours after death. If any is necephals accounted the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it all director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a buriek-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, demation, or removal, and in any event within 72 hours after death

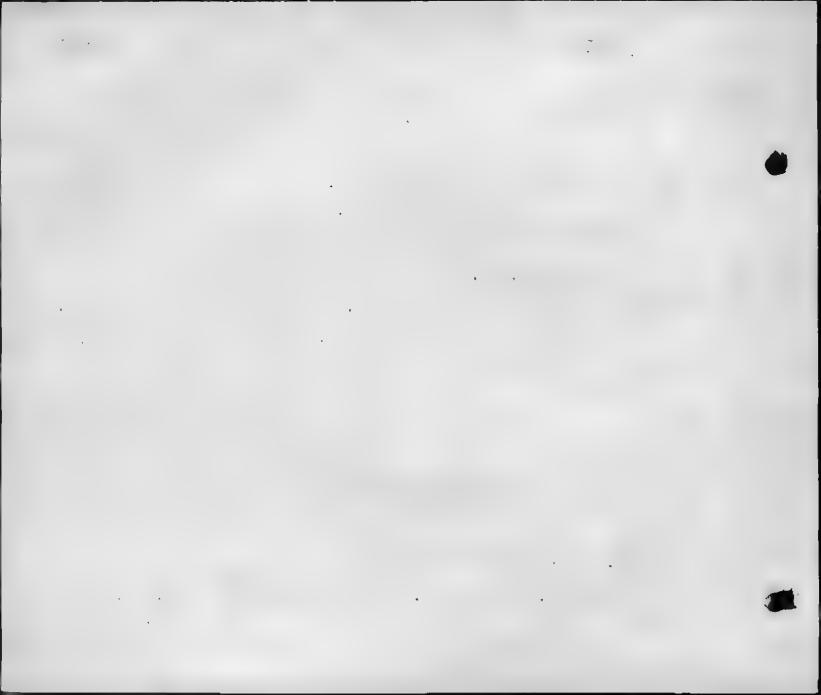
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10250	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	10246
1,	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, If In	stitution: Residence before edmission)
	a. COUNTY		MARYLAND	e. STATE	b. COUNTY	
	b. CITY OR TOWN (if outs de co- write RURAL end give neares	porete limits,	c. LENGTH OF STAY IN 16	Mary 1	ang utside corporete limits, write f	Garrett RURAL end give nearest lown)
	Rural Swa.	nton	8 yrs . el, give street eddress)	Rural STREET ADDRESS	Swanton_	e, fs res dence On a farm?
3.	NAME OF	F rst	Middle	Last , 4.	DATE Month	YES NO NO
	DECEASED (Type or print)	1.	1.11.1		OF DEATH	
5.	SEX 6 COLOR	OR RACE 7. MARRIED	HUT <u>hrie</u> J K Never Married [] B.	DATE OF BIRTH	9. AGE (In yeers fl	3 19 61 FUNDER 1 YEAR IF UNDER 24 HRS.
10	Male Wh:	ite WIDOWED	Total Control of the	Tan. 20, 191	2 49 yrs.	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
de	ne during most of working life, ex	on If raticad)				USA
13	Supervisor FATHER'S NAME	Par	er Industry	Luke, Mar	•	UBA
	Allan	Luke, Sr.		Nell	Rocke	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16. 50			Address	The same of the sa
	ss, no, or unkown) (Ifyesgivewer 10		9-01-4651 Mr	s. Edna Luk	e Rural Sw	anton. Ad.
- :	18. CAUSE OF DEATH [Ente			De montre montre		I INTERVAL BETWEEN
	PART I. DEATH WAS CAL	ISED BY: 1.C.		ction, cute		ONSET AND DEATH
	Light of U. I	DUE TO	The second of			
	Conditions, if any, which		conary artery	sclerosis		Your o
	geve rise to immediate couse	(-)				
	(e), sletting the underlying cause lest.	DUE TO				
z		VT CONDITIONS CONTE	LIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	NIN PART I(e), 19. WAS AUTOPSY
OF.	TAKE II OTTEK STORT TOA	***************************************		A MONTH TO THE TWINING	DISEASE CONDITION CONT.	PERFORMED?
Š	2De. EXTERNAL CAUSE WAS	l onl occasion	HOLL BUILDY OCCURED IF	nter nature of Injury in Part I o	. D 15 . 5 5 D	YES X NO
CERTIFICATION	PRIMARY OF CONTRIBUTING	D ZDB. DESCRIBE	HOW INJOKY OCCURED. (E	nter neture of injury in remio	r Pen II or Item 18.)	
MEDICAL				CE OF INJURY (Home, farm, 'ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
MED	Hour e.m.	While al work [ir, andar, once orage, area		
	21. I certify that I took	charge of the remai	ns described above, hel	d an Autopsy y, Ins	pection . Inquiry	X, and in my opinion
	death resulted from. N	atural causes 🔯.	Accident . Spici	de 🔲. Homicide 🗌	, Undetermined mai	nner 🔲
	Xo.	11-7	_ 1/2	CHIEF MEDICAL EXA	MINER 🗌	
**	SIGNATURE SIGNATURE	H. Ida	ter . ft.	M.D. ASSISTANT MEDICA		DATE SIGNED
	EXAMINER'S	II Donald	Tee	DEPUTY MEDICAL EX	11.00	··· 0-4-61
22		H. Feaste	E. NAME OF CEMETERY OR		d. LOCATION (City, town, c	
	Burial 9/	6/61 V			ovington, V	
23	FUNERAL DIRECTOR		ADDRESS	OFF	7 '61 Clad	
1	12 nAXM 11. 116	immich (Dakland. Mar	and sam SEP	1 01 CW	thur S. thousa

Oakland, Maryland DATE

VS. A15ME 5M 7/59



OR ATTENDING FINYSICIAN: The law requires that the Leath certificate be executed within 24 haurs after death. Page 4 by the funeral director, and 2 shawings filed with Then please remave carban papers. Pages 1 TO HOSPITAL OR ATTINDING FILYSICIAN: The law requires that the leath certificate be executed within 24 may be bined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72-bours after death.

VR A1S (4) 1SM 9/S9

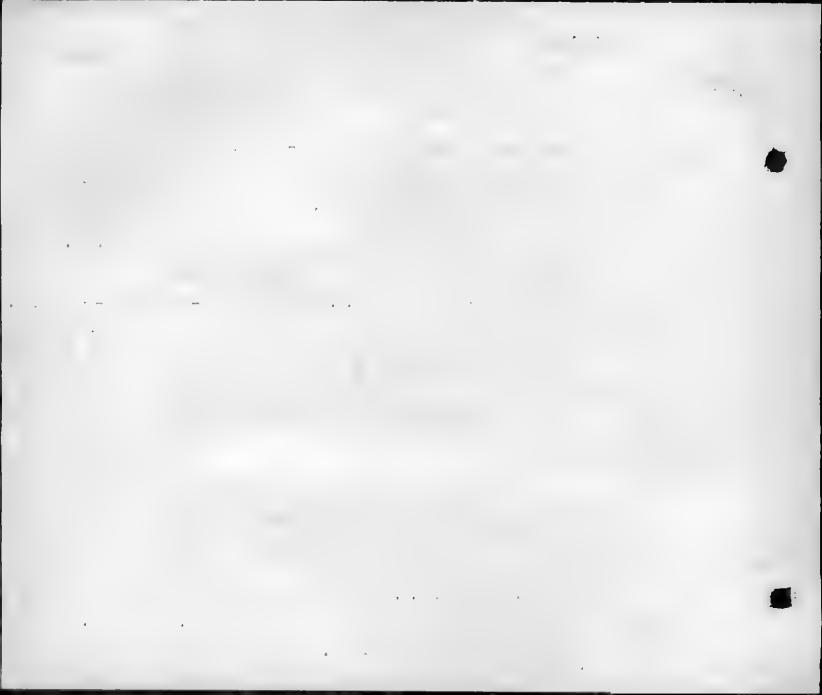
1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2 ItCHAL DECIDENCE (Miles deserted lived 16 invitation, Parish

10251 **CERTIFICATE OF DEATH**

1	a. COUNTY	GARRET	T	MARYL	AND 2.	a. STATE		YIAND	b. COUNTY	GA	RRET		,
	RURAL and give ne	outside corporate limi arest tawn) AKLAND	ts, write	LENGTH OF STAY II	N 1b	c. CITY OR		utside corpor	ote limits, write F	URAL and	give near	rest town)
2	OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET A	DDRESS						IDENCE FARM?
=	33737			SPITAL	<u>J</u>			VENTH	STREET				- 7
3.	(Type or print)	Fir.		Middle POLTNG		MEAT.		4. DATE OII DEATH	Mai TOTO	iii EMBER	Day 21		Year 19 Kl
5.	SEX	6 COLOR OR RACE		ED NEVER MARRIED	-	ATE OF BIRT	-		9 AGE (In years			-	R 24 HRS.
	FEMALE	WHITE	WIDOWE		· 🗀	IG.16,			last birthday) 71 yrs.	Months	Days	Haurs	Min.
100	during most of working HOUSEWIF	ing life, even if retired	dane 10b. I	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPI		or fareign ca		12.CIT	IZEN OF		OUNTRY?
13.	FATHER'S NAME				14	. MOTHER'S	MAIDEN N	Carlotte St. March St.	VIII IA		_1/4/-	404	
		HARRY	POLIN	1G	-		HAN	INAH	LEWIS				
		IN U.S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17 INFOR	MANT (HUSBAN		Add	iress			
1	no	to your give that or cortex of a		-	J	J.G. M	EALY		41 - 7th	STRE	ET-C	AKLA	ND, M
F	1B. CAUSE OF DEA	TH [Enter only one ca	use per lin	e far (a), (b), and (c).]			-				INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY)	Urem	ia						ONS	ET AND	e e k
	Canditions, if ar			etasta	+ ic	2 (ard	ino	m &		6	M	on to
	gave rise to in cause (a), stating t lying cause ast		Pm	mary (Para	cino	ne z	of	Colo	4_	U.	nk	how
CERTIFICATION	PART H. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	1 1(a) 19	PERFO	AUTOPSY RMED? NO []
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (Er	nter nature o	of injury in P	art I ar Part	II of item 1B.}				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yes	20d. IN While at work	Nat while	20e. PLACE (factory,	OF INJURY : street, affic	Hame, farm, e bldg., etc.	20f (City	ar tawn)	(County)		(State)
	27. 1 certify tha	t (I) (this hospital	5705 77	ed the deceosed t	fram M	ay	3:5019	l .to	9/24/	195	1_, the	ot (I) (we) lost
	saw the deceas	ed alive on2	/211/0	19 and	that deatl	h accurre	d of	M, from	the couses a	nd on th	e dote		
	22a SIGNATURE	1 7	10	::	M D	ATTENDIN PHYS	G ME	D RECTOR [STAFF PHYS		2	4 5	SIGNED
	22c PMYSICIAN'S NAME (Type)	1	Je	- moren		22d ADDR		reiok 🖂	. п. д				1000
	1.7,00	HERBERT H	I. IEI	GHTON, M.D.		<u> </u>	DAK ST	REET	O.A	KLAND	MA	RYLA	ND
23	BUR AL, CREMATIO	9/27/19	_	23c, NAME OF CEME Oakland					ion (C'ly, lown, land, N	or county)	and	(Stat	e)
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Oakl	and,	Md.	2Sq. REC'I	BY REGIST		ISTRAR'S SI			
1									· · · · · · · · · · · · · · · · · · ·				



VR A15 (4) 15M 9/59

V

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4.004-0

10252

1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived If institution Residence before contact in										
a. COUNTY	GARRETT		MARYLAND	WEST VIRGINIA b. COUNTY TUCKER								
b CITY OR TOWN (if RURAL and give nec		its, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)								
OAKLAND			51 HOURS	ALBERT								
d. NAME OF HOSPITA	L (If nat in hospital,	give street	address)		d. STREET ADDRESS		∇	(*)	6	ON A FARM?		
GARRETT COL	NTY MEMORI	AT. H	OSPTTAI.				23	le go		YES NO		
3 NAME OF	Fi		Middle		Last	4. DATE	M	ionth	Day	Year		
DECEASED (Type or print)	ANTO	NTO			REDA	OF DEATH	SEPT	EMBER	23.	1961		
5 SEX	6. COLOR OR RACE	C 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	RIED NEVER MARRIED	8 D	ATE OF BIRTH		9 AGE (In year last birthday			IF UNDER 24 HRS		
MATE	WHITE	WIDOW	ED DIVORCED		6/21/1879		82) y		Days	Haurs Min.		
100 USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR IND	USTRY	11, BIRTHPLACE (State	ar fareign c	country)	12 CI	IZEN OF	WHAT COUNTRY?		
MINER (RETT		'	COAL MINES		TTALY				U.S.	Α .		
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME						
FRANK REI	Α				CRECO, JOSI	EPH TNE	C					
15 WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR				dd ress				
Unknown	f yes, give war or dates of t		32-03-108h	DOME	ENICK REDA.	ALREE	RT. W. VA					
	TH Enter only one of	zuse per li	ne for (o), (b), and (c).]				7			RYAL BETWEEN		
PART I. DEAT	H WAS CAUSED BY	. Ce	reberal vas	cul	ar accide	nt			ONSE	51 hrs.		
Little	DUE TO											
Canditions, if on	conditions, if ony, which } Hypertensive cardio vascular disease. Years.											
gave rise la im	mediale (·	*									
lying couse lost.	he <u>under-</u>	:1										
PART II OTHI	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION O	SIVEN IN PA	RT 1(a) 19	WAS AUTOPSY PERFORMED?		
PART II OTHI										YES NO T		
E 20g ACC, DENT WAS	UNDERLYING	20b DES	CRIBE HOW INJURY OCCUR	RED (E	nter nature of injury in I	Part Lor Por	rt II of item 1B)					
	CAUSE OF DEATH MEDICAL EXAMINER)											
20c. TIME OF INJURY	Manth, Doy, Ye	or 20d I			OF INJURY (Hame, farm		y ar lawn)		(County)	(State		
Hour o.m.	19	While	Nat while	raciory,	, streat, affice bldg., etc	.}						
	(II) (this bosnito	l) atten	ded the deceased fram	[11	ne 10	67 10	9-23-6	57 10	the	at (I) (MAE las		
			61_19 find that			45.A	M			stated abave		
22a SIGNATURE	ed dilve dil7s	-	O.L. I7 , bng mar	aear	n accorred dr	, IVE, TI OHE	the couses	ana un III		22L DATE		
Dane	. 11.	Jo	To A	M.D	ATTENDING MI	ED RECTOR	STAFF PHYS		9-2	3-61° GNEE		
22c PHYSIC AN'S	72.1				22d. ADDRESS	WEELSK C	11710					
NAME (Type)	TAMES H. FI	EASTE	R, JR., M.D.		SECOND S	r. 0/	AKLAND.	MARYL	IND			
230 BURIA, CREMATION	23b DATE THERE	OF	23c. NAME OF CEMETERY	OR CR			TION (City, law			(State)		
REMOVAL (Specify)		31	Catholic				Thoma					
24 FUNERAL DIRECTOR'S		- Min	ADDRESS			D BY REGIS		GISTRAR'S S				
100		an	Thomas,	U. Va				i thur of				
- 1.	-Unger-				- I would be	1 Km W C		V Court A.	/ WALL			



After this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10253 CERTIFICATE OF DEATH

10249
Reg. Dist. No.....

	i. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	U'
£	COUNTY (FARRETT MARYLAND	STATE MARYLAND COUNTY ALLE	EBANY
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give near	est town)
ector,	TOWN RURAL ORA-N73 VILLE 5	TOWN PRESAPTOWN	
Y = "	HOSPITAL OR	STREET (If rural give location)	
E 2000	INSTITUTION OR STREET ADDRESS R.P.	ADDRESS	m 11/2-
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	DECEASED / /	O I / / The second OF	0
the	5. SEX 6, COLOR QR 7. SINGLE, MARRIED, 8. DATE O		7 - 180 / 1 YEAR LIF UNDER 24 HRS.
ã l		Months I	Days Hours Min.
E.S.	Millioned JULY	-24-1889 72 yrs.	
E 78	done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
≩ <u>∰</u> [rotrod) COALMINERS FACTORY COAL	BEDFORD-Co-PA,	Wux.
일 <u>수</u> 립	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
asi ta	BENJAMIN -SHIREY	RACHEL-WAGAMAN	
e de ra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	C 45 5
	(Yas, no, or unk.) (If Yas, give wer or dates of service) 217-10-5127	1 Horas Shiry Ir Cu	mist ream The
cerificate be riled with a and completely filled a burial fransit permit.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION /	INTERVAL BETWEEN ONSET AND DEATH
2 2 2	(1)		
ures mar me deam catencated physician stacked for use as a		(d1018	2 years
a 준 a	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
ا وَقَ	(C)		
a character	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
င့် စေတိ	DISEASE OR CONDITION CAUSING DEATH,		
# ± ₽	19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ad bl	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	YES NO (State)
OK: Ine law executed by nbly should by	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(COM	(2)(0:0)
2 oc 2	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	
	M. Whila Not whila at work at work		
been exected assembly	22. I hereby certify that I attended the deceased from AUG	1960 to Sept 9 1961 that I	last saw the deceased
⊒ഹം ∣	alive on Sept 19. 1961 and that death occurred at	9. P. M. from the causes and on the date states	d above
■ 윤 뜻 ≥[SIGNATURE /	ADDRESS (Strael, city, town, steta)	DATE SIGNED
NEKAL ficate h h certifi 1-5\$~10M	97 HOKE JR M.D.	SALISBURY PA	11 SEPT 61
Z č z ř l	23. BURIAL, CHEMITION, DATE THEREOF NAME OF CEMETERY OR		
certific death A15C 1-3	BURIAL 9-12-61 SALIJBURY	PA. I.O.O.F. SALIFBURY, SOI	MERSTI. PA.
S S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ADDRESS
	DATE SEP 1 4 '61 Outland & Kraus	X material manner	at lake y
	VAIL	1 100 million of 1	and in the



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MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1. MARYLAND

	DIVISION OF	STATISTICAL	RESEARCH	AND	RECORE)S —	BALTIM
10254		CE	RTIFIC	ATE	OF	DEA	HTA

1		0254		CERTIFI	CAIE	OF DEATH			- 4	OO	-0
	1 PLACE OF DEA	Garrett		MARYL	- 11	USUAL RESIDENCE (W	here deceased	lived If institution			n ission)
	6. CITY OR TO RURAL and a Oaklar	WN (If outside carporate lim	nits, write c.	LENGTH OF STAY IN		c. CITY OR TOWN (IF	·	ite limits, write RI		rett ve negresi	lown)
Ą	d. NAME OF H	OSPITAL (If not in hospital,	•			d. STREET ADDRESS	OH				RESIDENCE N A FARM?
		t County Memo	orial Ho	ospital							No M
	3. NAME OF DECEASED (Type or print)	Clara	rst	Middle Grace		Sweitzer	4. DATE OF DEATH	Septe	_	Day	Year 1961
	5. SEX	6. COLOR OR RACE	7. MARRIED	☐ NEVER MARRIED	8. D.	ATE OF BIRTH	9	AGE (In years	IF UNDER 1		NDER 24 HRS
	Female	White	WIDOWED [ptember 18	1885	last birthday) 75 yrs.	Months I	Days Ho	urs Min.
	anting most of	PATION (Give kind of work f working life, even if retired	done 10b. KIN d)	D OF BUSINESS OR	INDUSTRY				12.CITIZ	EN OF WH	AT COUNTRY?
	13. FATHER'S NAA	isewije E			114	Swanton, M			Uni	ted S	tates
/	A.	lbert Fitzwat	er				ce Whit	. 0			
		DEVER IN U. S. ARMED FO	RCES? 16. 500	IAL SECURITY NO.	17, INFOR	MANT		Addr	ess		
	17-0				Albe	ert Sweit	zer	Swan	ton,	Md.	
		F DEATH [Enter only one c . DEATH WAS CAUSED BY:	ause per line fo	or (o), (b), and (c).]						INTERVA ONSET A	ND DEATH
	43	IMMEDIATE CAUSE (- 1 1						3 4	دمبغ
	Canditions	if any, which)	Anti	PRIOSE /=1	4:	Cando -	DAS CULA	a duz	455	12	4/3
	gave rise	to immediate DUE To							-		
	lying cause	last.	c)							. 1	
	CATE	OTHER SIGNIFICANT CON		77721/	_	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
F	OR CONTRIBI	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRED. (E	nter nature of injury in	Part or Part	I of item 1B.)			
	20c. TIME OF Hour		While of work	RY OCCURRED 2 Not while of wark	0e. PLACE factory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City o	er tawn)	(Co	onty)	(State)
		that (1) (this hospita	l) attended 3/31	~!-				9-1			
	220\ \$IGNATU	RE The control of the	<u> </u>	-19/2+, and t	hat deat	accurred a 234	LYMC from t	ne causes an	d an the	date sta	ted abave. 22b DATE
	1 Em	- 1. te-	ter 1	X. in D	M.D	ATTENDING ME	NED.	STAFF PHYS. []		9	A SIGNED
1	22c PHYSICIA NAME (T		Feast	er jr.,	Md.	22d ADDRESS Oakl	and, N	ſd.		7	/ /
7	23a. BURIAL, CREA	9/3/19		a. NAME OF CEMET				Swanto:			State)
)	24 ELDIRAL DIRE	ired Sharpl		ADERS LAKE	coud	Med , 250. REC	D 8Y REGISTR	AR 2Sb. REGIS	TRAR'S SIG		
	AND DIAMETER	YT OU -DITEST DIT	~~~		9	₩ ▼ ♥ ♥DATE ₩	性 5 '6		-2 0	1 .	

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MARYLAND STATE DEPARTMENT OF HEALTH 1 00 EX DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

E-marado A		LUZJJ		CERTIFICA	ATE OF D	DEATH			10	251	
	LACE OF DEATH COUNTY	rett		MARYLAND	o STATE	Md1.	ere deceased live	b. COUNTY		V	
b	CITY OR TOWN (RURAL ond give n Oakland	if autside carporate lim earest town)	its, write	6 Wks.							
d	OR INSTITUTION	TAL (If not in haspitol, go Ouppett Nur		. ,	d. STREET			0 14	3-2	e. IS RESIDENCE ON A FARM? YES NO	
D	AME OF ECEASED Type or print)	olumbia Fi	rsi	Middle Ann:		ost	4. DATE OF DEATH	Month Sept.	25	y Year 1961	
S. SI	emale	6. COLOR OR RACE White	7. MARR WIDOWE	DIVORCED		16,1865	9. A	- 1 T -1 's 1 Person	INDER 1 YEAR	Hours Min.	
10a.	USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if ratired	PLACE (Stole o	or foreign country			U.S.A.				
		. Harvey	0552		Se	's MAIDEN N					
[Yes,	no. or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. 17	Mrs. Ro	bert M	iller-We	Address	ct, Md.	X:	
	PART 1. DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	2)(1)	Themes		+ P	reli	<i>f</i>	INTE ON	ERVAL BETWEEN ET AND DEATH	
7	Conditions, if a gove rise to i couse (o), stating lying couse lost.	the under-)	in fren						Week	
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED 1	TO THE TERMIN	NAL DISEASE COI	IDITION GIVEN	N PART 1(o) 1	PERFORMED? YES NO	
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in P	art I or Port II of	item 18.)			
MEDICAL	20c TIME OF INJUI Hour o.m. p.m.	RY Manth, Doy, Ye	ar 20d. It While at worl	_ Not while _	PLACE OF INJURY factory, street, affi			wn)	(Caunty)	(State	
	21. I certify the	1	-	ed the deceased from		9 199 ed a 3 100	M, fram the	causes and c		at (I) (we) las stated abave	
	gestier .	t 7.	Le	1//	M.D. ATTENDI	NG ME	Ď ST	AFF IYS.	2	SEPT.	
	THYSICIAN'S NAME (Type)	Herbert H.	Lei	ghton, M.D.	22d. ADD		street,	Oaklan	d, Mary	vland	
23a.	BURIAL, CREMATIC			Philos Com.			23d. LOCATION Wester		ounty)	(State) Md.	
24. F	UNERAL DIRECTOR	'S SIGNATURE	Wes	ADDRESS ternport. Ma	Ţ		BY REGISTRAR	25b. REGISTRA	R'S SIGNATU		

arthur & Kraus

DATE

Westernport, Md.

(430)			72.20
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	в	Length	Description of the second
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12 124-1666-166	and the state of		E11
	7-11-4	Tail Lenn	
the state of	2-1-1-3-5	1 1/2 ==	
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	20 T TO 10 T	474- 11V = 1	## IN - 773
		A	Towns 1 to the
La dela E	16.	, was a second	No. 1

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10256

1. PLACE OF DEATH o. COUNTY	GARRETT		MARYLANI	11 /	JSUAL RESIDENCE (Where d		ived. If instituti b. COUNTY		ESTON		1
b. CITY OR TOWN (I RURAL and give no OA KT,AN	770	ts, write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FGTON								-
d. NAME OF HOSPIT OR INSTITUTION	UNTY MEMOR		oddress)	d. STREET ADDRESS e. IS RESIDI							FARM?	
3. NAME OF DECEASED (Type or print)	Fir		Middle		Lasi		DATE OF DEATH	Mar		Day		Year
S. SEX	VALUE.	7. MARR	WILLIAM RIED X NEVER MARRIED	-	WINTERS ATE OF BIRTH)		SEPTE AGE (In years last birthday)		R 1 YEAR	IF UND	
MALE	WHITE	WIDOWI	ED DIVORCED		12/6/1883	3		77 yrs.	MOIITIS	Days	Hours	Min.
Our ID A COMPATION OF THE TOTAL PARMER 13. FATHER'S NAME	ON (Give kind af work king life, even if retired	dane 10b.	OWN FARM		11. BIRTHPLACE (SE WEST MOTHER'S MAIDE	r VA.		ntry)		J.S.A		COUNTRY?
15. WAS DECEASED EVE	WILLIAM R IN U. S. ARMED FOR Ill yes, give wor or dates of s	WIN CES? 16.		, INFOR	(MAR:	THA	ROTH				
no	(ii yes, give were or equal or a	[3	15-36-7759	MRS.	CHARLES	W. V	MINTE	CRS E	GLON,	W.V	A.	
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	Par	MULLIA MACINA CONTRIBUTING TO DEATH	SAC SOT	Lases Mostas RELATED TO THE TE	RMINAL	for DISEASE (MANA CONDITION GR	Z VEN IN PA	S (6)	SZ WAS PERFO	2 AUTOPSY DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU								YES [ио 🗌
20c. TIME OF INJUING Hour a.m. p. m.	RY Manth, Day, Ye	While of wor	_ Not while _	PLACE (OF INJURY (Home, I street, office bldg.,	form, 20 elc.)	Of. (City o	or lown)		(County)		(State)
saw the decea	^	1) attend /23/	ded the deceased fra 1961, and the		7/ h accurred at_	1255 M.	fram th		, 19 <u>.¢</u> nd an th			
220. SIGNATURE	Lucio	5 11.	lance	M.D.	ATTENDING PHYS.	MED. DIRECT	OR 🗆	STAFF PHYS.		- 4	24	SIGNED LOJAL
22c. PHYSICIAN'S NAME (Type)	DREW E. MAI	ICE .	M.D.		22d, ADDRESS THTRD	STRE	RET	OAKI	AND.	MARY	LANI	1
230. BURIAL, CREMATIC		0F 061	Red House	des		1	LOCATION STREET	on (City, town,	-	-	(Sto	le)
24. FUNERAL DIRECTOR	is signature los		ADDRESS Oaklan	d, 1			REGISTRA		ISTRAR'S S			

